

NJDEP Certified Laboratory No. 14964
 973-335-CALI
 FAX 973-335-0556
 E-MAIL: calilabs@earthlink.net
 WEBSITE: www.calilabs.com

COMPLETE ANALYSIS LABORATORIES INC.



Ms. Sonal Thakar
 Amneal Pharmaceutical Corp.
 209 McLean Blvd.
 Paterson, NJ 07054

1259 Route 46, Building #4/C
 Parsippany, NJ 07054-4909

ANALYSIS REPORT

REPORT DATE: JAN.28,2009

PROJECT NO : 913967

LAB ID NO: 913967.1

FIELD ID NO: AP-0113

Sample: Liquid, Sampled by CALI on 1/13/09

Parameter	Method No	Result (mg/L)	Analysis Date Time	RLs (mg/L)	DF
BOD ₅	405.1	339	1/14/09 8:18	2.0	1
TSS	160.2	111	1/14/09 8:00	4.0	1

Definitions:

pH Unit, J= Compound Detected but Below MDL, RLs= Laboratory Reporting Limits,
 MDL= Method Detection Limit, DF= Dilution Factor, ND = Not Detected, RL = MDL x DF

Approved By:

Zvi Blank, Ph.D., CHMM
 Laboratory Director

The Standard of Excellence in Laboratory Service



METHOD USED

TOTAL WATER USED

$7,655.0 (1/31/09) - 7,530.1 (1/1/09) = 125 \text{ CF1} \times 7.48 \times 100 = 93,425/21 \text{ DAYS} = 4,449 \text{ Total Flow - Gal/Day.}$

SANITARY USED

$1,806.0 (1/31/09) - 1,737.0 (1/1/09) = 69 \times 7.48 \times 100 = 51,612/21 \text{ DAYS} = 2,458 \text{ Flow - Gal/Day.}$

$$\text{REGULATORY/TOTAL} = 1,991/4,449 = 0.4$$

SITE PLAN: NO CHANGE



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SITE PLAN: NO CHANGE

CHAIN OF CUSTODY

 PAGE 1 OF 1
 (Lab use only) No. 913967

COMPLETE ANALYSIS LABORATORIES, INC.

 1259 ROUTE 46 BLDG. # 4
 PARSIPPANY, NJ 07054-4909
 PHONE: (973) 335-CALI
 FAX: (973) 335- 0556
 NJDEP LAB CERTIFICATION # 14964

 DELIVERABLES:
 (CIRCLE ONE) ☒ STD ☐ REDUCED ☐ FULL
 OTHER (Specify) _____

CLIENT	AMNEAL PHARMACEUTICAL		
ADDRESS	209 MCLEAN BLVD		
CITY	PATERSON		
STATE	NJ	ZIP	07054

CONTACT	Ms. Thakar	PHONE	(973) 357-0222
PROJECT	WASTEWATER		
SAMPLER	name <u>C. Albert</u> sign <u>[Signature]</u>		
WITNESSED BY	name <u>Senen Poxar</u> 1-13-09		

LAB ID	FIELD ID	SAMPLING DATE/TIME	M	T	No	P	ANALYSIS
913967.1	AP- 0113	1/13/09 13:40	A	C	1	C	BOD, TSS
913967.1	AP- 0113	1/13/09 13:41	A	C	1	Hn, C	Cu, Zn, Pb
913967.2	AP- 0113 G	1/13/09 13:42	A	G	2	H, C	VOC*
REMARKS	* VOC TO INCLUDES: ACETONE, METHYLENE CHLORIDE. COMPOSITE SAMPLER WAS SET UP ON <u>1/13/09</u> SAMPLE WAS COLLECTED ON <u>1/13/09 @ 13:40</u> SAMPLING FREQUENCY - 30 MINUTES.						

RELINQUISHED BY		RECEIVED BY		DATE	TIME	METHOD OF RELINQUISH.	RECEIVING ORGANIZATION
NAME	SIGNATURE	NAME	SIGNATURE				
<u>C. Albert</u>	<u>[Signature]</u>	<u>APG</u>	<u>[Signature]</u>	<u>1-13-09</u>	<u>14:00</u>	<u>Direct to [Signature]</u>	<u>CH 15</u>
TURNAROUND TIME:				PRIORITY AUTHORIZATION:			
M = MATRIX	A - AQUEOUS SL-SLUDGE	P - POTABLE WATER SO - SOLID		S - SOIL X - OTHER		O - OIL	
T= TYPE	C - COMPOSITE	G - GRAB		No. = NUMBER OF CONTAINERS			
PRESERVATIVE	H ₂ - H ₂ SO ₄	Hn - HNO ₃	H - HCl	N - NaOH	A - ASCORBIC ACID		C - COOL TO 4 °C

SOP-CG-010 REV 4/96

2-20-2009 FRI 09:31 AM

FAX NO.

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SANITARY USED

$1,806.0 (1/31/09) - 1,737.0 (1/1/09) = 69 \times 7.48 \times 100 = 51,612/21 \text{ DAYS} = 2 \text{ 58 Flow - Gal/Day.}$

$\text{REGULATORY/TOTAL} = 1,991/4,449 = 0.4$

SITE PLAN: NO CHANGE

20-2009 FRI 09:32 AM

FAX NO.

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